



**American Recovery and  
Reinvestment Act**

**Health Professions Programs**

**TRAINING IN PRIMARY CARE MEDICINE AND DENTISTRY  
PROGRAM (TPCMD)**

**Frequently Asked Questions**

February 24, 2010

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## Purpose

### What is The American Recovery and Reinvestment Act of 2009?

The American Recovery and Reinvestment Act of 2009 (ARRA or Recovery Act), was signed into law February 17, 2009.

The Recovery Act was enacted to:

- preserve and create jobs;
- promote economic recovery;
- help people most impacted by the recession;
- increase economic efficiency by investing in technological advances in science and health;
- promote long-term economic benefits by investing in transportation, environmental protection and other infrastructure; and
- preserve essential services of State and local governments.

### What is the American Recovery and Reinvestment Act of 2009 (ARRA) Training in Primary Care Medicine and Dentistry Grant Program?

The ARRA Training in Primary Care Medicine and Dentistry Grant Program is a grant program focused on improving the nation's access to well-trained primary care physicians, physician assistants and dentists.

This grant program, authorized by Title VII, section 747 of the Public Health Service Act and the American Recovery and Reinvestment Act of 2009 (ARRA), solicits applications to support six program areas: academic administrative units, physician faculty development training, predoctoral training, physician assistant training, residency training, and general and pediatric dental residency training programs. The purposes of these programs are:

- Academic Administrative Units in Primary Care - to meet the costs of projects to establish, maintain or improve academic administrative units (which may be departments, divisions, or other units) to provide clinical instruction in family medicine, general internal medicine, or general pediatrics;
- Physician Faculty Development in Primary Care - to plan, develop, and operate (including the provision of financial assistance to trainees in such programs) programs for the training of physicians who plan to teach in family medicine (including geriatrics), general internal medicine, and/or general pediatrics training program(s);
- Predoctoral Training in Primary Care - to plan, develop, and operate or participate (including provision of financial assistance to students in such programs) in predoctoral programs in family medicine, general internal medicine, and/or general pediatrics;
- Physician Assistant Training in Primary Care - to meet the costs of projects to plan, develop, and operate or maintain programs for the training of physician assistants and for the training of individuals who will teach in physician assistant training programs;
- Residency Training in Primary Care - to plan, develop, and operate or participate (including provision of financial assistance to residents in such programs) in approved residency programs in family medicine, general internal medicine, and/or general pediatrics;
- Residency Training in General and Pediatric Dentistry - to meet the costs of planning, developing, or operating programs, of general dentistry or pediatric dentistry in dental schools, approved residency programs in the general or pediatric practice of dentistry, approved advanced education programs in the general or pediatric practice of dentistry, or approved residency programs in pediatric dentistry.

TPCMDP is receiving approximately \$48 million in ARRA funding in Fiscal Year 2010.

**Where can I learn more about the ARRA?**

Additional information on the Recovery Act can be found at <http://www.recovery.gov>. Information on activities related to the Recovery Act at the U.S. Department of Health and Human Services (HHS) can be accessed at <http://www.hhs.gov/recovery>.

## Summary of Funding

### Who is eligible to apply for the ARRA Training in Primary Care Medicine and Dentistry (ARRA-TPCMD) Grant Program?

Please refer to the appropriate funding opportunity announcement for more specific information.

Eligible applicants include:

- Public or nonprofit private schools of allopathic or osteopathic medicine;
- Public or nonprofit private hospitals;
- Public or nonprofit private entities;
- Entities that have programs in dental schools, approved residency programs in the general or pediatric practice of dentistry, approved advanced education programs in the general or pediatric practice of dentistry, or approved residency programs in pediatric dentistry.

The applicant or partner organization must be accredited as noted below:

- Schools of Medicine or Osteopathic Medicine must be accredited by the Liaison Committee on Medical Education (LCME) or American Osteopathic Association (AOA);
- Residency Training in Family Medicine, General Internal Medicine and/or General Pediatrics must be accredited by the Accreditation Council for Graduate Medical Education (ACGME) or AOA;
- Physician Assistant Training Programs must be accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA);
- Residency Training in General and Pediatric Dentistry Programs must be accredited by the American Dental Education Association (ADEA);
- Faculty Development applicants must be from an organization accredited by the LCME, AOA or ACGME.

### How do institutions apply for ARRA-TPCMD funds?

Applicants will apply through Grants.gov for the appropriate HRSA Fiscal Year 2010 ARRA funding opportunity, which opened on February 24, 2010 and closes in Grants.gov on March 24, 2010. Supplemental information will then be due in HRSA's Electronic Handbooks on April 9, 2010 for those applicants that met the first deadline.

Those funding opportunities are as follows:

HRSA-10-043	Academic Administrative Units (AAUs)
HRSA-10-071	Physician Faculty Development
HRSA-10-072	Predoctoral Training
HRSA-10-054	Physician Assistant Training
HRSA-10-130	Residency Training
HRSA-10-073	Residency Training in General and Pediatric Dentistry

### If an applicant misses the March 24, 2010 deadline in Grants.gov, will they still be able to submit an application in HRSA's EHBs prior to the April 9, 2010 deadline?

No. Only applicants who have successfully submitted a grant application through Grants.gov by the specified March 24, 2010 deadline will be eligible to submit the required supplemental information in HRSA's EHBs by April 9, 2010. We recommend that applicants submit their applications in Grants.gov as soon as possible, to ensure they have maximum time for providing the supplemental information in HRSA's EHBs.

### How will I know when to submit the supplemental information into the EHBs?

Applicants can only begin Phase 2 in HRSA's EHBs after Phase 1 in Grants.gov has been completed by the required due date, and HRSA has assigned the application a tracking number.

Applicants will be notified by email when the application is ready within HRSA's EHBs for Phase 2. This email notification will be sent within 5-7 business days of the Phase 1 submission. Applicants who do not receive this notification within 7 business days should contact the HRSA call center at (877) Go4-HRSA or (877) 464-4772.

**What information is submitted in Phase 1 to Grants.gov?**

Applicants must complete and submit the following by the March 24 Grants.gov deadline:

- SF-424 R&R Face Page;
- Assurances – Non-Construction Programs; and
- PHS-5161 Checklist.

**What supplemental information is submitted in Phase 2 to HRSA's EHBs?**

Applicants must complete and submit the following by the April 9 HRSA EHB deadline:

- Project Summary/Abstract;
- SF-424 R&R – Budget Information (Non-Construction Programs);
- Program Narrative;
- Budget Justification
- SF-424 LLL Disclosure of Lobbying Activities (as applicable);
- Any Program specific forms; and
- All Attachments.

**If institutions do not receive ARRA funds in this competition, will they have an opportunity to compete for ARRA-TPCMD funding in 2011?**

No. There will not be an additional ARRA Fiscal Year 2011 funding competition.

**Will competitive non-ARRA TPCMD funds be available in Fiscal Year 2010?**

Yes. Both ARRA and non-ARRA funds will be awarded through this funding competition. Approximately \$48,000,000 is available to fund approximately 100 ARRA grant awards. Approximately \$54,000,000 in Fiscal Year 2010 appropriated funds will be awarded to fund additional Fiscal Year 2010 awards under the following disciplines and program areas:

- Family Medicine:
  - Academic Administrative Units in Primary Care
  - Physician Faculty Development in Primary Care
  - Predoctoral Training in Primary Care
  - Residency Training in Primary Care
- Dentistry:
  - Resident Training in General and Pediatric Dentistry

Applicants should be aware that no regular appropriation funds are available for General Internal Medicine, General Pediatrics, or Physician Assistant Training; only Recovery Act funds are available. Applicants wishing to compete for funding in these disciplines may apply only for Recovery Act funds, even if their proposed projects include other disciplines not so restricted. BHPPr will not mix Recovery Act and regular appropriation funds in supporting any single project.

**Are funds available for faculty loan repayment?**

Under the FY2010 appropriation, up to \$2.5 million has been made available for faculty loan repayment for Pediatric Dentists under the Faculty Loan Repayment Program authorized pursuant to Section 738(a) of the PHS Act. If pediatric dentists are interested in applying for individual loan repayment awards, they should go to <http://bhpr.hrsa.gov/dsa/flrp/> for more information. Note that those funds will be neither competed nor awarded under the TPCMD funding opportunities described in the guidance.

**Can I select either ARRA or non-ARRA funding?**

No. Applying for funding under this funding opportunity requires that an applicant accept either ARRA or non-ARRA funding. Note that no regular appropriation funds are available for General Internal Medicine, General Pediatrics, or Physician Assistant Training; only Recovery Act funds are available.

**When will the grant be awarded? What is the date of the project period?**

It is anticipated that grants will be awarded on or before the start date of July 1, 2010. The grants will have a 2-year project and budget period, from July 1, 2010 through June 30, 2012. Note that non-ARRA grants will also have a 2-year project period, with 1-year budget periods.

**Why is the project period two years instead of three?**

This funding opportunity requires that an applicant accept either ARRA or non-ARRA funding. ARRA funds are available for two years. Because ARRA funding has a limited time period, the entire funding opportunity will follow a two year project period.

**Must applications be for a 2-year project period?**

Although that is generally our expectation, applicants can certainly request a 1-year project period should that more appropriately reflect their program plans. However, should funds be awarded for a 1-year project period we would be unable to add the additional year at a later date.

**Can ARRA-TPCMD funding be used to cover costs incurred prior to the award date?**

In general, these grants are intended to support costs incurred after the ARRA-TPCMD project start date. ARRA-TPCMD funds cannot be used to support any costs incurred prior to February 17, 2009 (the date the Recovery Act was signed). Any costs incurred before receipt of the Notice of Grant Award (NGA) are at the recipient's risk.

**Is there any formal notification of an ARRA-TPCMD award from the Health Resources and Services Administration (HRSA)?**

Yes. HRSA will electronically transmit a formal notification in the form of a Notice of Grant Award (NGA) that will be provided to the applicant organization/institution. The NGA specifies the effective date of the award, funding amount, budget and project periods, pertinent Terms and Conditions, and reporting requirements. It is anticipated that grants will be awarded on or before the start date of July 1, 2010.

**What is the timeline for grantees to use the ARRA-TPCMD funds?**

Recipients of ARRA-TPCMD funds should obligate (commit) the grant funds and complete the proposed projects by the end of the 2-year project/budget period.

**Are institutions permitted to carryover unused ARRA-TPCMD funds?**

This is a one-time funding opportunity. ARRA-TPCMD funds must be used within the specified project period. There is no expectation of ongoing support of grant activities after the end of the project period; we do not expect institutions to have unused funds. Any unexpended funds may be offset at the conclusion of the project period.

**Are current grantees eligible to apply?**

Yes; however, current grantees whose project periods end between June 2011 and August of 2012 may not submit a grant application in the same program area and the same discipline as the current grant. Supplemental applications for the same scope, in the same program area and the same discipline, will not be accepted for this announcement. Current grantees must include within their budget justification information regarding use of their most recent grant funds.

**Is there a limit to the number of grant applications that my institution can submit?**

Institutions can only submit one application per program area, per discipline (e.g., one family medicine residency training application) unless the applicant institution/program has separate accreditations for multiple programs (e.g., two residency programs at one hospital or two predoctoral programs, one family medicine and one general internal medicine each with its own separate accreditation number).

**What is the maximum amount that can be requested?**

No maximum budget award amount has been set. Historically, grant awards have ranged from \$55,156 to \$676,145 for one year. The full amount of the grant award is often determined by the scope of the project, the number of objectives, and the timeframe for the proposed activities.

## **Trainee Support**

### **Are institutions permitted to provide ARRA-TPCMD financial support and TPCMD financial support to the same trainee?**

No. ARRA-TPCMD funds must be used to support trainees other than those that receive support through TPCMD under the non-ARRA program. The Notice of Grant Award will specify whether you have been awarded ARRA or non-ARRA funds.

### **Where can I find information on the current stipend levels?**

The most current stipend levels are provided in the funding opportunity announcement.

### **Are institutions permitted to provide ARRA-TPCMD financial support to trainees for more than one year?**

Yes. Trainee support charged to the ARRA-TPCMD grant funds must be for training within the two-year budget and project periods indicated on the Notice of Grant Award (NGA). Trainees may receive support for more than one year.

### **Are institutions permitted to provide ARRA-TPCMD financial support to continuing and new TPCMD students?**

Yes. However, continuing students may not receive support from both ARRA and non-ARRA funds.



## Eligible Use of Funds

### **Are there certain eligibility requirements for use of these funds?**

The ARRA Training in Primary Care Medicine and Dentistry Grant Program is a grant program focused on improving the nation's access to well-trained primary care physicians, physician assistants and dentists.

Eligible applicants include:

- Public or nonprofit private schools of allopathic or osteopathic medicine;
- Public or nonprofit private hospitals;
- Public or nonprofit private entities;
- Entities that have programs in dental schools, approved residency programs in the general or pediatric practice of dentistry, approved advanced education programs in the general or pediatric practice of dentistry, or approved residency programs in pediatric dentistry.

The applicant or partner organization must be accredited as noted below:

- Schools of Medicine or Osteopathic Medicine must be accredited by the Liaison Committee on Medical Education (LCME) or American Osteopathic Association (AOA);
- Residency Training in Family Medicine, General Internal Medicine and/or General Pediatrics must be accredited by the Accreditation Council for Graduate Medical Education (ACGME) or AOA;
- Physician Assistant Training Programs must be accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA);
- Residency Training in General and Pediatric Dentistry Programs must be accredited by the American Dental Education Association (ADEA);
- Faculty Development applicants must be from an organization accredited by the LCME, AOA or ACGME.

ARRA-TPCMD funds cannot be used to support residency trainees who are already receiving non-ARRA-TPCMD funds.

More specific information on program requirements can be found in the funding opportunity announcement.

### **How can I track and separate ARRA versus non-ARRA-TPCMD funds?**

To facilitate monitoring and tracking of ARRA-TPCMD funds from any other funds, ARRA-TPCMD grants will be provided under a unique grant number and Payment Management System (PMS) sub-account.

### **How will ARRA-TPCMD funding be delivered to grantees?**

Grantees will receive ARRA-TPCMD funds much in the same way grantees receive regular funding via the PMS; an NGA will be issued under a different grant number. For information regarding the drawdown of your awarded funds, contact your account representative at 1-877-614-5533 or <http://www.dpm.psc.gov/>. Grantees should draw down funds based on the needs of the ARRA-TPCMD project.

### **How are applications submitted?**

The competitive guidances for these funding opportunities have been posted, and can be accessed through the Grants.gov, HRSA.gov, and Recovery.gov websites. All applicants are required to apply electronically through Grants.gov by the established deadline, which is March 24, 2010.

## **Application Specifics**

### **How are applications submitted?**

The application process is divided into two phases. Under Phase 1, applicants will submit the Standard Form (SF) 424/5161 and relevant attachments to Grants.gov by the required application due date. Under Phase 2, supplemental information will then be submitted via the HRSA Electronic HandBooks (EHBs) by a subsequent due date. All applicants who submit the SF-424/5161 and attachments through Grants.gov (Phase 1) by the application due date will be notified via e-mail regarding the availability of the EHBs for online submission of the required supplemental information. Only applicants who have successfully submitted a grant application through Grants.gov (Phase 1) by the specified due date may submit the required supplemental information in HRSA EHBs (Phase 2).

### **Are there page limits for the applications?**

The page limit for each application is 25 pages. This limit does not include standard forms, the Assurances form and the Environmental Information and Documentation (EID) checklist form.

Please keep in mind that all information presented in the submission is publishable, and may be used to provide information to the public and Congress.

Note that regardless of the amount of text on a page and the amount of white space, each page will be counted as a separate page. This means that a page, whether it contains one line or a full page of text, will be counted as a page.

### **How should attachments be formatted?**

All attachments must be provided to HRSA in a computer-readable format (i.e., do not upload text as images). HRSA recommends PDF files but will accept Microsoft Word or Excel files as well. Please do not use spaces or special characters when naming files.

### **Should applicants upload additional attachments?**

The page limit for the entire application is 25 pages. This limit does not include standard forms, the Assurances form and the Environmental Information and Documentation (EID) Checklist. If an applicant has not reached this limit with the other required attachments, it is free to submit attachments that it feels will respond to the review criteria and increase the competitiveness of the application. Applicants must ensure, however, that they do not exceed the total page limit.

### **Is there a specific order required for the assembly of the application?**

Yes. All applications should follow the order described in the funding guidance.

### **How will I know if my application has been received?**

All applicants who submit the Phase 1 application by the due date will be notified via e-mail regarding the availability of the EHBs for online submission of the required supplemental information. Upon submission in the EHBs there will be an acknowledgment of receipt of applications from the EHB. The submitting authorized official (AO) receives the EHB acknowledgments via an email transmittal.

It is important that applicants pay attention to emails received from Grants.gov. Notification of a "rejected" application from Grants.gov is not verification of receipt; rather, it means you must correct the error and resubmit prior to deadline.

### **What is the deadline for this opportunity?**

For this competitive funding opportunity, a deadline has been established for application submission. All applications MUST be submitted in Grants.gov by March 24, 2010 at 8:00 p.m. ET.

**Will there be any opportunities for technical assistance prior to the application deadline?**

Yes. Because of the unique nature of ARRA, all applicants are encouraged to participate in a technical assistance call for these funding opportunities. There will be two types of technical assistance available, as follows:

- A webinar will be available shortly after release of the funding opportunity announcement, at <http://www.bhpr.hrsa.gov/grants/medicine.htm>. The recorded webinar will provide an overview of the six program areas supported by the Fiscal Year 2010 funding opportunity.
- Individual Technical Assistance conference call sessions for the six program areas will be conducted. Each individual program area specific TA session will include a question and answer period. Taped replays will be available one hour after the call ends, through the closing date of these funding opportunities. Specific information is as follows:

Program	Date	Toll-free Number & Passcode	Taped Replay Information
Academic Administrative Units in Primary Care	3/17/10 2:00 ET	888-769-9415 Code: 8035510	866-475-8043 Code: 96587
Predoctoral Training in Primary Care	3/16/10 2:00 ET	800-619-2459 Code: 9171422	866-448-7649 Code: 59647
Faculty Development in Primary Care	3/18/10 2:00 ET	800-988-9572 Code: 3023684	888-566-0599 Code: 52369
Residency Training in General & Pediatric Dentistry	3/17/10 2:00 ET	888-469-1090 Code: 6808345	800-721-2046 Code: 56231
Residency Training in Primary Care	3/16/10 2:00 ET	877-917-3616 Code: 1865714	800-310-4931 Code: 58472
Physician Assistants Training	3/18/10 2:00 ET	888-469-1090 Code: 6808345	866-405-7299 Code: 84521

**If I am unable to participate in any of the conference calls, will I have other chances to obtain that information?**

Yes. Taped replays of each conference call will be available approximately one hour after each call ends, and will be available until the closing date of the funding opportunity. Specific information can be found above, as well as in the funding opportunity announcement.

**Do I need to participate in all calls in order to obtain all the information I need in order to apply?**

No. The recorded webinar will provide an overview of the six program areas supported by the Fiscal Year 2010 funding opportunity. Each subsequent technical assistance conference call will be program area specific, and will include a question and answer period specific only to that program area. As appropriate, new questions that are asked and answered either during the course of each call or through any subsequent e-mail requests will be added to this document on a regular basis.

**If I have any further questions before submitting a formal application, is there someone I can contact?**

Yes. For additional information related to technical assistance, program, and grants management issues, please contact:

<b>Program Area</b>	<b>Program Officers BHP</b>	<b>Grants Management Specialists OGAM/DGMO</b>
Residency Training in Primary Care	<p>Anthony Anyanwu, M.D.,MHA Email: <a href="mailto:aanyanwu@hrsa.gov">aanyanwu@hrsa.gov</a> Tel: 301-443-8437 Fax: 301-443-1945</p> <p>William West, RN (ARRA) Email: <a href="mailto:wwest@hrsa.gov">wwest@hrsa.gov</a> Tel: 301-443-8441 Fax: 301-443-1945</p>	<p>Kimberly Ross Email: <a href="mailto:kross@hrsa.gov">kross@hrsa.gov</a> Tel: 301-443-2353 Fax 301-443-6343</p> <p>Barbara Ellis Email: <a href="mailto:bellis@hrsa.gov">bellis@hrsa.gov</a> Tel: 301-443-1738 Fax 301-443-6343</p>
Physician Assistant Training in Primary Care	<p>Cindy Eugene, MSA Email: <a href="mailto:ceugene@hrsa.gov">ceugene@hrsa.gov</a> Tel: 301-443-3870 Fax: 301-443-1945</p> <p>Thomas Vallin, MPH (ARRA) Email: <a href="mailto:tvallin@hrsa.gov">tvallin@hrsa.gov</a> Tel: 301-443-1307 Fax: 301-443-1945</p>	<p>Denis Nikiema Email: <a href="mailto:dnikiema@hrsa.gov">dnikiema@hrsa.gov</a> Tel: 301-443-8007 Fax 301-443-6343</p>
Residency Training in General and Pediatric Dentistry	<p>Cindy Eugene, MSA Email: <a href="mailto:ceugene@hrsa.gov">ceugene@hrsa.gov</a> Tel: 301-443-3870 Fax: 301-443-1945</p> <p>Magnus Azuine, PhD, MPH, CHES (ARRA) Email: <a href="mailto:mazuine@hrsa.gov">mazuine@hrsa.gov</a> Tel: 301-443-6529 Fax: 301-443-1945</p>	<p>Denis Nikiema Email: <a href="mailto:dnikiema@hrsa.gov">dnikiema@hrsa.gov</a> Tel: 301-443-8007 Fax 301-443-6343</p>
Predoctoral Training in Primary Care	<p>Anne F. Patterson, BSW Email: <a href="mailto:apatterson@hrsa.gov">apatterson@hrsa.gov</a> Tel: 301-443-6822 Fax: 301-443-1945</p> <p>Sylvia Joice, DrPH, MPH (ARRA) Email: <a href="mailto:sjoice@hrsa.gov">sjoice@hrsa.gov</a> Tel: 301-443-1084 Fax: 301-443-1945</p>	<p>Kimberly Ross Email: <a href="mailto:kross@hrsa.gov">kross@hrsa.gov</a> Tel: 301-443-2353 Fax 301-443-6343</p> <p>Barbara Ellis Email: <a href="mailto:bellis@hrsa.gov">bellis@hrsa.gov</a> Tel: 301-443-1738 Fax 301-443-6343</p>
Academic Administrative Units	<p>Martha E. Evans, MA Email: <a href="mailto:mevans@hrsa.gov">mevans@hrsa.gov</a> Tel: 301-443-1467 Fax: 301-443-1945</p> <p>Thomas Vallin, MPH (ARRA) Email: <a href="mailto:tvallin@hrsa.gov">tvallin@hrsa.gov</a></p>	<p>William Weisenberg Email: <a href="mailto:wweisenberg@hrsa.gov">wwaisenberg@hrsa.gov</a> Tel: 301-443-8056 Fax 301-443-6343</p>

Program Area	Program Officers BHP	Grants Management Specialists OGAM/DGMO
	Tel: 301-443-1307 Fax: 301-443-1945	
Physician Faculty Development Training	<p>Martha E. Evans, MA Email: <a href="mailto:mevans@hrsa.gov">mevans@hrsa.gov</a> Tel: 301-443-1467 Fax: 301-443-1945</p> <p>Magnus Azuine, PhD, MPH, CHES (ARRA) Email: <a href="mailto:mazuine@hrsa.gov">mazuine@hrsa.gov</a> Tel: 301-443-6529 Fax: 301-443-1945</p>	<p>William Weisenberg Email: <a href="mailto:wweisenberg@hrsa.gov">wwaisenberg@hrsa.gov</a> Tel: 301-443-8056 Fax 301-443-6343</p>

## **Environmental Information and Review**

### **What is NEPA and how does it relate to the other laws?**

The National Environmental Policy Act (NEPA) requires that HRSA includes an environmental prospective in project planning by evaluating the potential environmental impacts of the proposed project and ensuring an appropriate level of public involvement takes place. The NEPA review process is the means HRSA uses for identifying and considering the requirements of the other environmental laws that apply to the project. A fundamental requirement of NEPA is that the review must be completed prior to starting the project. Funding may be jeopardized if this does not happen.

### **Can my project be exempt from NEPA?**

Many actions, such as routine equipment purchases, may be exempt from the NEPA review and documentation process. Even so, you must be aware that the other environmental laws may still apply and must be addressed. For example, medical or dental equipment containing or using mercury, radioactive sources, or other hazardous materials require specific environmental review because of the potential to cause an environmental effect. Equipment falling within this category should be listed separately on the checklist.

### **Who needs to complete the Environmental Information and Documentation Checklist?**

A completed Environmental Information and Documentation (EID) Checklist must be submitted with any application that proposes the purchase and/or installation of equipment, to indicate whether any potential extraordinary circumstances exist. In cases where there is a "Yes" response, a draft Environmental Assessment (EA) will be required; if needed, HRSA will work with applicants on this requirement.

### **How will I know if the other laws apply to my project?**

A "Yes" response to any questions in the Environmental Information and Documentation Checklist is an indication that requirements of one or more of these laws might be triggered.

## Application Review

### Who will review the TPCMD applications?

Applications will be subject to both an internal and external HRSA review. The internal review assesses completeness, eligibility, and environmental impact. These applications will also be reviewed by an Objective Review Committee. HRSA has established the method to assess the technical merit of applications to provide for an objective review of applications. The review criteria outlined in the guidance will be used to review and rank applications. The review criteria are designed to enable the review panel to assess the quality of an application and determine the likelihood of its success. The criteria are closely related to each other and are considered as a whole in judging the overall quality of an application.

### How are applications ranked for funding?

Applications are ranked on several factors, including peer review score, funding priorities, and funding preferences, as follows:

**Peer Review:** Applications will be reviewed by an objective and independent review committee. Applications will be scored by the committee based on the program elements and review criteria. Specific program review criteria are presented in relevant sections of the funding opportunity announcement.

**Funding priority:** Is a numeric adjustment of an application's review score. A funding priority adds points to the review score. Each funding priority has a point value of five (5) points. Partial points will not be awarded for any funding priority. Applications may be submitted without requesting a funding priority; however, approval of a funding priority will enhance an applicant's competitive score. Funding priorities are:

- Primary Care (Residency Training in Primary Care, Residency Training in General and Pediatric Dentistry);
- Disadvantaged (Residency Training in Primary Care, Physician Assistant Training in Primary Care, Residency Training in General and Pediatric Dentistry);
- Collaborative Project (Academic Administrative Units in Primary Care).

To receive points, the applicant must request the funding priority in writing and provide the required information as specified in the program guidance.

**Funding Preference:** Is defined as the funding of a specific category or group of approved applications ahead of other categories or groups of applications. Preferences will not be given if the application is ranked at or below the 20<sup>th</sup> percentile of applications that have been recommended for approval by peer review groups.

Applicants applying for funding preferences must request the preference in writing in the grant application.

There are two statutory funding preferences:

- The Medically Underserved Community (MUC) Funding Preference (applies to all program areas); and
- The Establishment or Substantial Expansion of an Academic Administrative Unit Funding Preference (applies only to Academic Administrative Units in Primary Care program area).

To qualify for the MUC funding preference, an applicant must meet one or more of the following conditions:

1. Have a high rate of graduates or program completers in practice settings in Medically Underserved Communities;
2. Have a significant increase in the rate of graduates or program completers in practice settings in Medically Underserved Communities; or
3. Meet the criteria for a new program.

More specific information can be found in the funding opportunity announcement.

**What are the relevant qualifications of the reviewers? Will the reviewers have significant experience as it relates to specific program areas?**

HRSA maintains a large database of reviewers who are selected based on the type of grant that is being reviewed. Each reviewer will be screened to avoid conflicts of interest. Review committee members are responsible for providing an objective, unbiased evaluation based on the criteria that have been established for this funding opportunity.

In addition to the external review that will be conducted by the Objective Review Committee, all applications will be subject to an internal HRSA review. The internal review assesses completeness, eligibility, and environmental impact. HRSA has the appropriate resources in place to perform these reviews, and has made every attempt to ensure that individuals have the requisite skills, knowledge, and expertise needed to review these applications.

**Can program directors who apply for funding also apply to serve as peer reviewers?**

At this time the HRSA Division of Independent Review does not accept peer reviewers who are program directors applying for funding under that competition, nor any other individuals who have a financial interest in the application.

**Will we receive the results of the peer review?**

Each applicant will receive written notification. This notice will include the results of the peer review process and whether or not the application was selected for funding.



## Reporting

### **What are the reporting requirements for Recovery Act funding?**

Grantees must continue to comply with the usual and customary reporting requirements of the TPCMD Program, in addition to specific Recovery Act reporting. Recipients of Recovery Act funding will be required to provide periodic reports to ensure that funds are used for authorized purposes and instances of fraud, waste, error, and abuse are mitigated. Recovery Act funds can be used in conjunction with other funding as necessary to complete projects, but tracking and reporting must be separate to meet the reporting requirements of the Recovery Act. Additional information is available at [http://www.whitehouse.gov/omb/recovery\\_default/](http://www.whitehouse.gov/omb/recovery_default/).

Generally, as required by the Recovery Act, recipients are required to report the following information:

1. The total amount of Recovery Act funds.
2. The amount of Recovery Act funds received that were obligated and expended to projects or activities. This reporting will also include unobligated allotment balances to facilitate reconciliations.
3. A detailed list of all projects or activities for which Recovery Act funds were obligated and expended, including
  - a. The name of the project or activity;
  - b. A description of the project or activity;
  - c. An evaluation of the completion status of the project or activity;
  - d. An estimate of the number of jobs created and the number of jobs retained by the project or activity. . Note that there has been a significant change to the methodology for counting jobs. The policy is to no longer calculate jobs on a cumulative basis; jobs are now to be calculated on a quarterly basis.
4. Detailed information on any subcontracts or subgrants awarded by the recipient to include the data elements required to comply with the Federal Funding Accountability and Transparency Act of 2006 (P.L. 109-282), allowing aggregate reporting on awards below \$25,000 or to individuals, as prescribed by the Director of the Office of Management and Budget.

### **Where can I find out more information about the ARRA reporting requirements?**

The current Office of Management and Budget (OMB) guidance regarding ARRA reporting is available at [http://www.whitehouse.gov/omb/assets/memoranda\\_2010/m10-08.pdf](http://www.whitehouse.gov/omb/assets/memoranda_2010/m10-08.pdf). Please note that future updates to recipient reporting guidance from OMB are likely, and recipients will be expected to follow the most current OMB guidance.

The OMB Section 1512 guidance for recipient reporting can be found at:  
<http://www.recovery.gov/?q=node/579>

In addition, the Office of Management and Budget (OMB) prepared a series of webinars to train Federal Agencies and recipients of ARRA funding on how to comply with their reporting responsibilities. Links to the recorded webinars can be found at:  
<http://www.whitehouse.gov/Recovery/WebinarTrainingMaterials/>

### **Are institutions required to submit both the BHPR BPMS Performance Report and the ARRA-TPCMD quarterly reports?**

Yes. The TPCMD-Performance Report is a standard annual reporting requirement for the regularly funded program. Similarly, the ARRA-TPCMD program has the requirement for an ARRA TPCMD-Performance Report in addition to the required ARRA specific reporting as described on the Recovery.gov web site. However, it is important to note that the Performance Report is an ANNUAL report while the additional ARRA reporting requirements are quarterly reporting.

**Why is the ARRA-TPCMD required reporting scheduled quarterly rather than annually?**

Quarterly reporting is stipulated for timely measure and transparency in reporting the use and impact of ARRA-TPCMD funds.

**Will the ARRA-TPCMD quarterly report be completed and submitted through the HRSA EHB's?**

No. ARRA-TPCMD reports will be completed and submitted via a centralized system on [www.FederalReporting.gov](http://www.FederalReporting.gov) by no later than 10 days from the end of each quarter. This information will then be migrated for public access to the Recovery.gov website upon data quality review by the funding agency.

**Are TPCMD programs expected to create new jobs as a result of receiving ARRA-TPCMD funds?**

No. While it is true that ARRA funds are intended to improve the nation's access to well-trained primary care physicians, physician assistants and dentists, this activity does not meet the definition of creation or retention of jobs with ARRA funding. To meet the ARRA definition, a person's salary would need to be paid directly with ARRA funds. If that is the case, the FTE for that position would be calculated and reported following the most recent OMB guidelines.